



# Benefits At A Glance

Plan year: October 1, 2020 — September 30, 2021

Enroll or Decline Benefits - [Ada Central](#)

Benefit Program	Benefit Provider	Highlights	Employee Cost
<b>MEDICAL INSURANCE</b>  <b>Preferred Provider Organization (PPO)</b>	<b>Regence BlueShield</b>	<b>In-Network Provider Coverage:</b> * \$250 Individual / \$500 Family Deductible, per benefit period. * \$3,500 Individual / \$7,000 Out-of-Pocket Maximum, per benefit period. * Office Visits: PCP \$20 copay; Specialist-\$40 copay * Outpatient ER Visits: \$150 copay * \$15 copay Generic prescription drugs per 30 day supply * \$250 Deductible per insured on Brand Name and Specialty Drugs - \$50 copay Preferred Brand Name prescription drugs (after deductible) per 30 day supply - \$100 copay Non-Preferred Brand Name prescription drugs (after deductible) per 30 day supply - \$150 copay Specialty prescription drugs (after deductible) per 30 day supply * Plan Pays 75% of Maximum Allowance for Hospital Services (after deductible) * Plan pays 75% of Maximum Allowance for Emergency Services (after deductible) \$150 copay (waived if admitted) * Plan pays 100% for specifically listed Preventive Care Benefits and Immunizations	EE \$17.50 EE + Spouse \$100.00 EE + Child(ren) \$55.00 EE + Spouse + Child(ren) \$110.00 Semi-monthly
<b>DENTAL INSURANCE</b>  <b>Preferred Provider Organization (PPO)</b>	<b>Delta Dental of Idaho</b>	<b>In-Network Provider Coverage:</b> * \$25 Individual / \$75 Family Deductible, per benefit period ( <i>applies to basic &amp; major services</i> ) * Preventive Services - plan pays 100% Oral Exams (one every 6 months); Fluoride, Sealants, X-rays * Basic Services - plan pays 80% (after deductible) Fillings, Extractions, Root Canal Therapy, Periodontal Maintenance * Major Services - plan pays 50% (after deductible); preauthorization required bridges, crowns, dentures, implants * \$1,500 Annual Individual Maximum Benefit, per insured * Orthodontia Lifetime Maximum for Eligible Dependent Children- plan pays 50% up to \$1,500 * Orthodontia discount program for Adults	EE Only \$0 EE + Spouse \$17.00 EE + Child(ren) \$25.00 EE + Spouse + Child(ren) \$37.50 Semi-monthly
<b>DENTAL INSURANCE</b>  <b>HMO</b>	<b>Willamette Dental Group</b>	<b>Services provided by Willamette Dental Group ONLY:</b> * No Deductible * No Annual Maximum Benefit * \$15 General Office Visit covers: Routine and emergency exams, Cleaning, Fluoride, Sealants (per tooth), X-rays, Head and Neck Cancer Screening, Oral Hygiene Instruction, Periodontal Evaluation & Charting, Fillings, Routine Extraction (single tooth), Osseous Surgery (per quadrant), Routine Extraction (single tooth) * Major Services - you pay predictable copay: Porcelain-Metal Crown, \$150; Bridge, \$150 per tooth; Complete Upper or Lower Denture, 300; Root Canal, \$60-\$120; Root Planing \$30 (per quadrant); Surgical Extraction, \$80 * Orthodontia (Children or Adult): Pre-Orthodontia Treatment, \$150; Comprehensive Orthodontia Treatment, \$2,000	EE Only \$0 EE + Spouse \$17.00 EE + Child(ren) \$25.00 EE + Spouse + Child(ren) \$37.50 Semi-monthly
<b>VISION INSURANCE</b>  <b>Vision Service Plan</b>	<b>Vision Service Plan (VSP)</b>	<b>VSP Member Doctor:</b> * WellVision Eye Exam (1 per 12 months) – \$20 co-pay ment every 12 months * Prescription Glasses: Lenses (1 pair per 12 months) – plan pays 100% single or lined bifocal, trifocal Frame (1 every 12 months) – plan pays up to \$150; 20% off the amount over allowance * Contact Lenses Contacts — \$150 annual allowance Contact lens exam — up to \$60 copay * Extra Discounts & Savings	EE Only \$0 EE + Spouse \$3.50 EE + Child(ren) \$4.50 EE + Spouse + Child(ren) \$7.50 Semi-monthly
<b>FLEXIBLE SPENDING ACCOUNTS (FSA)</b>	<b>Peak1 Administration</b>	An IRS approved plan that allows employees to contribute pre-tax dollars to reimbursement accounts for qualifying <u>health care</u> expenses and/or qualifying <u>dependent care</u> expenses.	Elected Deferral
<b>HOLIDAYS</b>	<b>Ada County</b>	New Year's Day Martin Luther King, Jr. Day President's Day Memorial Day Independence Day Labor Day Columbus Day Veterans Day Thanksgiving Day Christmas Day	-0-

Benefit Program	Benefit Provider	Highlights	Employee Cost
SICK LEAVE	Ada County	<ul style="list-style-type: none"> <li>* All benefit-eligible employees who regularly work twenty (20) or more hours per week will accrue sick leave at the rate of 0.0462 times the total paid hours, up to a maximum of 3.7 hours per bi-weekly pay period.</li> <li>* EMS field employees accrue sick leave at the rate of 0.0554 times the total paid hours, up to a maximum of 4.43 hours per bi-weekly pay period.</li> <li>* Employees are able to use sick leave once it has been accrued.</li> </ul>	-0-
POST EMPLOYMENT HEALTH PLAN (PEHP)	Nationwide Retirement Solutions	Employees with an accrued sick leave balance over 240 hours at the end of fiscal year (September) will have hours in excess of 240 credited as a dollar amount, at 50% value, into an Insurance Premium Reimbursement Account to use for post employment medical plan premiums.	Sick leave hours over 240 credited at 50% of current wage
VACATION LEAVE	Ada County	<ul style="list-style-type: none"> <li>* Benefit-eligible employees begin accruing vacation leave from the first day of employment. maximum accruals have been met. See rate table in Employee/Manager Handbook.</li> <li>* Vacation time will not accrue to any employee on leave without pay or when working overtime.</li> <li>* Vacation leave will not be earned, accrued or accumulated during any pay period in which the maximum accruals have been met.</li> <li>* Vacation leave accrual rates and maximum accrual allowances increase after 5, 10, 15, and 20 years of continuous county service.</li> </ul>	-0-
SHORT TERM DISABILITY INSURANCE	CIGNA	<ul style="list-style-type: none"> <li>* Pays 60% of gross weekly earnings for up to a maximum of \$1,000 per week if totally or partially disabled due to an injury or illness.</li> <li>* Benefits may continue for up to 26 weeks maximum duration.</li> <li>* Waiting Periods: 7 days for Accident or Illness</li> </ul>	-0-
VOLUNTARY LONG TERM DISABILITY INSURANCE	CIGNA	<p>Employee-paid supplemental benefit plan if unable to work for a long period of time due to an illness or injury.</p> <ul style="list-style-type: none"> <li>* Provides up to 60% of your monthly wage</li> <li>* Maximum monthly benefit is \$6,000 / Minimum monthly benefit \$100</li> <li>* 180 day waiting period</li> <li>* Benefit is deducted when other sources of income are being received.</li> </ul>	<p>Determined by age/ earnings</p> <p>Monthly</p>
EMPLOYEE ASSISTANCE PROGRAM (EAP)	Reliant Behavioral Health	Program provides employees, their dependents, and household members access to free confidential professional counseling, financial, legal, and family care support services. Allows for up to six (6) sessions or visits per occurrence or incident.	-0-
LIFE, ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE	CIGNA	<ul style="list-style-type: none"> <li>* Employee Basic Life Insurance - 1x annual salary, up to maximum of \$50,000</li> <li>* Accidental Death Insurance - 2x annual salary, up to maximum of \$100,000</li> <li>* Accidental Death Insurance, while performing regular, county-related job duties - 3x annual salary, up to maximum of \$150,000.</li> <li>* Dismemberment Insurance - 1/2x to 1x annual salary, depending upon loss.</li> </ul>	-0-
VOLUNTARY TERM LIFE & DEPENDENT LIFE INSURANCE	CIGNA	<ul style="list-style-type: none"> <li>* Employee coverage: \$10,000 units up to 5x annual salary or maximum of \$500,000.</li> <li>* Spouse coverage: \$10,000 units to maximum \$250,000 not to exceed 50% of employee coverage.</li> <li>* Children coverage: \$1,000 units to maximum \$10,000</li> <li>* Subject to Evidence of Insurability.</li> </ul>	<p>Determined by age</p> <p>Monthly</p>
IDAHO NCPERS GROUP DECREASING TERM LIFE INSURANCE	National Conference on Public Employee Retirement Systems (NCPERS)	<p>PERSI-member employees supplemental group term life insurance paid by employee</p> <ul style="list-style-type: none"> <li>* Employee - \$7,500 to \$225,000 in coverage depending upon age.</li> <li>* Dependents - \$4,000 to \$20,000 in coverage depending upon relationship and age.</li> </ul>	<p>\$16.00 per family</p> <p>Monthly</p>
PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO (PERSI)  Base Plan	Public Employee Retirement System of Idaho (PERSI)	<ul style="list-style-type: none"> <li>* Defined Benefit Plan designed to provide secure, long-term pension benefits for employees who choose careers in public service.</li> <li>* Participation is automatic for employees who normally work 20 or more hours per week for more than 5 months; both employer and employee contribute to the plan.</li> <li>* Contribution rates are set as a percent of pay.</li> <li>* Fully vested after 60 months, approximately five years, of PERSI eligible service.</li> </ul>	<p><u>General Members</u> 7.16%</p> <p><u>Law Enforcement/ EMS</u> 8.81%</p>
PERSI CHOICE PLAN 401(k)	Public Employee Retirement System of Idaho (PERSI)	<ul style="list-style-type: none"> <li>* Voluntary defined contribution savings option for active PERSI Base Plan members.</li> <li>* Decreases your taxable income through pre-tax deferral payroll deductions.</li> <li>* Provides a variety of investment options for asset allocation.</li> </ul>	Elected Deferral
ADA COUNTY DEFERRED COMPENSATION 457(b) PLAN	Empower Retirement Services	<ul style="list-style-type: none"> <li>* Voluntary defined contribution retirement savings program.</li> <li>* Decrease your taxable income through pre-tax deferral payroll deductions.</li> <li>* Roth contributions are made with after-tax dollars through payroll deductions.</li> <li>* Provides a variety of investment options for asset allocation.</li> <li>* Ada County will match benefit-eligible employee contributions up to 3% of annual salary.</li> </ul>	Elected Deferral